



DC-02827

CERTIFICATE OF MAILING VIA EXPRESS MAIL

PURSUANT TO 37 C.F.R. § 1.10, I HEREBY CERTIFY THAT I HAVE INFORMATION AND A REASONABLE BASIS FOR BELIEF THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS EXPRESS MAIL POST OFFICE TO ADDRESSEE ON THE DATE INDICATED BELOW AND IS ADDRESSED TO:

MAIL STOP AMENDMENT
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RONALD L. CHICHESTER

REG. No. 36,765

MARCH 18, 2005
DATE OF MAILING

EV448732116US
EXPRESS MAIL LABEL

U.S.S.N.:	09/774,396
FILING DATE:	JANUARY 31, 2001
APPLICANT:	LYON, ET AL.
GROUP ART UNIT:	3623
EXAMINER:	SUSANNA MEINECKE DIAZ
ATTORNEY DOCKET NO.	016295.1099
TITLE:	"PULL TO CUSTOMER ORDER DEMAND FULFILLMENT SYSTEM AND METHOD"

INCLUDED IN THIS MAILING FOR THE ABOVE-REFERENCED PATENT APPLICATION ARE:

1. PETITION FOR ONE-MONTH EXTENSION OF TIME (PTO/SB/22);
2. RESPONSE TO NON-FINAL OFFICE ACTION MAILED NOVEMBER 18, 2004; AND
3. RETURN RECEIPT POSTCARD TO ACKNOWLEDGE RECEIPT OF ABOVE-LISTED ITEMS.

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PTO CUSTOMER ID:

023640



Post Office To Addressee

ORIGINATOR POSTAL USE ONLY		
Delivery Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday Customer Signature		

CUSTOMER USE ONLY
METHOD OF PAYMENT:
Express Mail Corporate Acct. No.

Federal Agency Acct. No. or
Postal Service Acct. No.

FROM: (PLEASE PRINT) **713 229 1234**
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HOUSTON TX 77002-4914

TO: (PLEASE PRINT) **800 786 9199**
MAIL STOP Amendment
COMMISSIONER FOR PATENTS
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Receipt is hereby acknowledged of the papers filed as indicated in connection with the above identified case. COMMISSIONER FOR PATENTS
Due Date: **2.18.2005**
Express Mail Label No. **EV448732116US**

- Papers filed herewith on: **3.18.2005**
- DOCKET NO.: **016295.1099**
- ATTY/SEC.: **PLG/pdh**
- APPLICANT(S): **01/02/04 at al.**
- USN: **09/774,394** FILED: **01.31.2001**
- PAT NO.: **414**
- ☐ New Application with Transmittal Letter
 - ☐ Utility ☐ Design ☐ CIP ☐ Provisional
 - ☐ Filing Under 37 CFR 1.53(b) ☐ CONT ☐ DIV
 - ☐ Filing Under 37 CFR 1.114(RCE)
 - ☐ Filing Under 37 CFR 1.53(d) (CPA)
 - ☐ Specification Consisting of: _____ pages
 - ☐ Declaration
 - ☐ Power of Attorney
 - ☐ Assignment / Cover Letter
 - ☐ Letter to Official Draftsman
 - ☐ Drawings - Sheets ☐ Formal ☐ Informal ☐ Red-Ink
 - ☐ Priority Document(s) _____
 - ☐ Amendment: _____
 - ☐ Transmittal ☐ Large Entity ☐ Small Entity
 - ☒ Response **to AEOA mailed 11.18.2004**
 - ☐ Information Disc. Stiml. PTO-1449(s) _____ ref(s)
 - ☐ Notice of Appeal ☐ Appeal Brief
 - ☐ Issue Fee Transmittal
 - ☒ FEES: **Pat / 1-Mo. Exp. & Line W/dep. copy**

02-02827